

4/9/2019 Rev.

**EPA REGION 10**  
**UNDERGROUND STORAGE TANK**  
**TRIBAL INSPECTION FORM**

Photos? ☒ Y ☐ NPublications Given? ☒ Y ☐ NFacility# 426037Inspection Date 9/14/2021 Time 9:00am to 9:30am GPS Reading N 46° 24' 13.8" W 120° 32' 39.6"Lead Inspector WIT Balarie

Other Tribal Government Reps \_\_\_\_\_

Facility Reps Ryan Myers (\* Credentials Presented)**LOCATION**Facility Name: Harolds MarketStreet Address: 4090 Harrah RoadCity: HarrahState: WAZip: 98933

Phone No.:

Allotment/Parcel No.:

Point of Contact:

Phone No.:

**PROPERTY OWNER**☐ Same as location

Name:

Street Address:

City:

State:

Zip:

Point of Contact:

Phone No.:

**UST OWNER**☐ Same as (circle) location / property owner

Name:

Street Address:

City:

State:

Zip:

Point of Contact:

Phone No.:

**UST OPERATOR**☐ Same as location / property / UST ownerName: Ryan Myers

Street Address:

City:

State:

Zip:

Point of Contact:

Phone No.:

**FINANCIAL RESPONSIBILITY (FR)**
☒ Insurance ☐ Self ☐ PSTF ☐ Letter Credit ☐ Standby Trust ☐ Local Gvt Bond Rating Test ☐ Local Govt Financial Test  
☐ State Government Entity ☐ Federal Government Entity
All tanks covered? ☒ Y ☐ N Colony Insurance CompanyIn EPA format? ☒ Y ☐ NIssuing Entity & No.: WA629878-17Dates Coverage: 7/20/21 - 7/20/2022**OWNER / OPERATOR TRAINING**

Name	Type	Provider	Date
<u>Ryan Myers</u>	<u>A/B</u>	<u>UST Training</u>	<u>9-13-18</u>
<u>Larry Myers</u>	<u>A/B</u>	<u>UST Training</u>	<u>7-17-18</u>

Have all current Class C Operators been trained by a Class A/B Operator? ☒ Y ☐ N ☐ NAAnd documented? ☒ Y ☐ N

UST #	1	2	3	4	5	6
<b>UST INFORMATION</b>						
Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>CIU</u> TOU POU <input type="checkbox"/> All or						
If TOU, date last used: <input type="checkbox"/> NA <input type="checkbox"/> All or						
Date tank installed: <input type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or <u>4000</u>						
Substance in Tank: <input type="checkbox"/> All or <u>Regular</u>						
Biofuel (>10% ethanol or <20% biodiesel)? Y N <input type="checkbox"/> All or Name/Type/Brand: _____						
If biofuel, then agency notified within 30 days? Y N NA <input type="checkbox"/> All or						
If biofuel, compatibility records available? Y N NA <input type="checkbox"/> All or						
Tank Material: BS <u>CPS</u> COM FRP <u>DW</u> ExL Lin <input type="checkbox"/> All or						
Verified by: Visual <u>Invoice</u> Warranty Picture <input type="checkbox"/> All or						
Piping Material: GS <u>CPS</u> FRP <u>DW</u> FlexP <u>SecC</u> <input type="checkbox"/> All or						
Verified by: Visual <u>Invoice</u> Warranty Picture <input type="checkbox"/> All or						
Piping Type: Grav Pres <u>SafeSuc</u> U.S.Suc <input type="checkbox"/> All or						
Does product piping include satellite dispenser(s)? Y <u>N</u> NA						
UST system considered to be (circle): <input checked="" type="checkbox"/> Petroleum (P) <input type="checkbox"/> Hazardous Substance (HS) <input type="checkbox"/> Field Constructed (FC) <input type="checkbox"/> Airport Hydrant (AH) <input type="checkbox"/> All or						
Emergency Generator? Y N <input type="checkbox"/> All or						

### SECONDARY CONTAINMENT

<b>Turbine Containment Sumps (TCSs)</b>	<input type="checkbox"/> NA
Are there containment sumps for the turbines? Y N <u>NA</u> <input type="checkbox"/> All or	
TCSs double walled? Y N NA <input type="checkbox"/> All or	
<b>Under Dispenser Containment (UDCs)</b>	<input type="checkbox"/> NA
Is there under-dispenser containment? <u>Y</u> N NA <input type="checkbox"/> All or	
UDCs double walled? Y <u>N</u> NA <input type="checkbox"/> All or	
Dispenser install date: <input type="checkbox"/> All or	
<b>Integrity Testing of TCSs and UDCs</b>	
If primary piping RD is interstitial monitoring for any UST system, AND for ALL installations on or after 4/11/2016: Date of LAST integrity test: _____ <input type="checkbox"/> All or Tested: <input type="checkbox"/> Annular Space <input type="checkbox"/> Sump Service Provider: _____ Passed? Y N Date of PREVIOUS integrity test: _____ <input type="checkbox"/> All or Tested: <input type="checkbox"/> Annular Space <input type="checkbox"/> Sump Service Provider: _____ Passed? Y N	
<b>Any repairs to the TCSs or UDCs?</b> Y N NA <input type="checkbox"/> All or Inspected or tightness tested within 30 days? Y N NA <input type="checkbox"/> All or	



UST #

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**RELEASE DETECTION - TANKS**☒ RD method present for ALL tanks & meets performance standards?☐ NA☐ Manual Tank Gauging (only if installed before 4/11/16 & less than 2,000 gallons in capacity) ☐ All or☐ Tank Tightness Testing Date? \_\_\_\_\_ Passed? Y N ☐ All or☐ Inventory Control ☐ All or☐ Vapor Monitoring Site Assessment? Y N ☐ All or☐ Groundwater Monitoring Site Assessment? Y N ☐ All or☒ Automatic Tank Gauge (ATG) ☐ All or☒ Interstitial Monitoring (IM) ☐ All or☐ Statistical Inventory Reconciliation (SIR) ☐ All orIf TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: \_\_\_\_\_ Water: \_\_\_\_\_

Hazardous subst. USTs secondarily contained? Y N NA ☐ All or**RELEASE DETECTION - PIPING**☒ RD method present for ALL piping & meets performance standards?☐ NA☐ ALLD (Pressurized Systems Only) ☒ NA (Grav/Suct) ☒ All orDate of test: \_\_\_\_\_ ☐ ELLD or ☐ MLLD

Are previous tests available for the last 3 years? Y N

Previous Dates: \_\_\_\_\_ and \_\_\_\_\_

Was current product piping installed after 4/11/2016? Y N ☐ All or☐ LTT Date of test: \_\_\_\_\_ Passed? Y N ☐ All or☐ Monthly Method: VM GWM IM SIR Sump Sensor ELLD  
(Required for piping installed after 4/11/2016) ☐ All or**RELEASE DETECTION RECORD SUMMARY**

For the last 12 months, RD records available, list how many were passing (P), invalid (I), failing (F) and/or missing (M) for:

☒ Tanks ☒ All or☐ Piping NA ☐ All or☐ Secondary Containment NA ☐ All or☐ Spill Prevention Equipment NA ☐ All orFor any non-passing results, was it investigated? Y N NA ☐ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA ☐ All or**RELEASE DETECTION EQUIPMENT / PROVIDER**ATG/IM/SIR Equipment Manufacturer/Vendor: Veeder Root Model: TLS 300C

If using an interstitial monitor or automatic tank gauge, has it undergone a monitor certification? Y N NA

Date of last test: 5/12/21 Service Provider: Northwest TankAre previous tests available for the last 3 years? (Y) N Date: 7/08/20 Date: 5/29/19

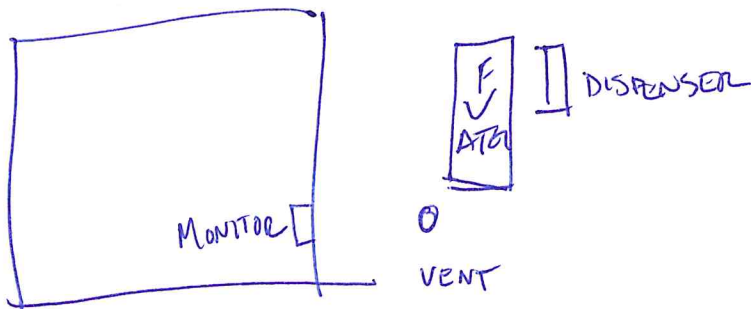
If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For? ATG SIR IM Sensors ALLD Other \_\_\_\_\_ RD equip. being operated within evaluation parameters? Y N

UST #	1	2	3	4	5	6
<b>RELEASE PREVENTION – REPAIRS &amp; TANK LINING</b>						
Have repairs been conducted or completed on the UST system(s)? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> All or Tightness tested within 30 days? Y N OR repaired tank internally inspected? Y N OR was monthly monitoring in use? Y N						
Has product piping been repaired? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> All or If so, how much was repaired? _____ If greater than 50%, was it replaced with secondary contained piping? Y N NA						
Are any of the tanks lined? Y N NA <input type="checkbox"/> All or If so, lining inspected? Y N No longer using for RP NA Lining Date: _____ Last internal inspection: _____						
<b>RELEASE PREVENTION – CATHODIC PROTECTION (CP)</b>						
Are there unprotected metal components in contact with the ground at the dispensers or in the turbines? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
Cathodic protection system installed on: <input type="checkbox"/> Tanks & Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> NA <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> All or						
<input type="checkbox"/> Rectifier Make & Model: _____ <input type="checkbox"/> All or						
Last 3 (60-day) rectifier inspection records? Y N NA System On? Y N Observed amperage of _____ amps						
Date of LAST CP test: <u>5/29/19</u> <input type="checkbox"/> All or Service Provider: _____ Passed? <input checked="" type="checkbox"/> N Covers: <input type="checkbox"/> Tanks & Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping	-887					
Date of PREVIOUS CP test: <u>5/10/18</u> <input type="checkbox"/> All or Service Provider: _____ Passed? <input checked="" type="checkbox"/> N Covers: <input type="checkbox"/> Tanks & Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping	-940					
Any repairs to the CP system being conducted or completed? Y N NA If repaired, was the CP system re-tested? Y N NA						
<b>RELEASE PREVENTION - SPILL PREVENTION (SP) &amp; OVERFILL PROTECTION (OP)</b>						
<input checked="" type="checkbox"/> Spill prevention present, empty & functional? Y N <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Tightness Test <input type="checkbox"/> Monthly Monitoring <input type="checkbox"/> All or						
Date of LAST tightness testing: <u>5/12/21</u> <input type="checkbox"/> All or Service Provider: <u>Northwest Tank</u> Passed? <input checked="" type="checkbox"/> Y N						
Date of PREVIOUS test: <u>5/07/18</u> <input type="checkbox"/> All or Service Provider: <u>Northwest Tank</u> Passed? <input checked="" type="checkbox"/> Y N						
If repaired or newly installed, tested w/i 30 days? Y N NA <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input type="checkbox"/> Ball Float Valve - Installed? <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Flow Restrictor (Auto Shutoff) - Installed? <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm Operational and audible for delivery driver? Y N Set up to sound at 90% or less and connected to relay? Y N						
OP device inspection date: <u>5/12/21</u> <input type="checkbox"/> All or Service Provider: <u>Northwest Tank</u> Passed? <input checked="" type="checkbox"/> Y N						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						



SITE SKETCH / NOTES



## FACILITY WALK THROUGHS

Is the facility conducting **MONTHLY** walk throughs? Y N Last 12 months of records? Y N Remote site: Y N

**Components of the monthly walk through:** (Note: If remote site, then spill prevention check must be before each delivery and onsite RD equipment must be determined to be in communication with remote monitoring equipment.)

- ☒ SP equipment (i.e. checked for damage/debris/water/obstructions/interstitial spill equipment condition)  
☒ RD equipment (i.e. checked for alarms & glitches / RD records)

☐ Other (describe):

Is the facility conducting **ANNUAL** walk throughs? Y N Last walk through date: September 2021 Conducted by: Ryan Meyers

**Components of the annual walk through:**

- ☒ Containment sumps (i.e. possible damage / leaks / water / debris / interstitial equipment condition)  
☐ Hand-held release detection equipment (e.g. tank stick, gw bailers)  
☐ Other (describe): also including annual in monthly w. returning 4x.

## RELEASE DETECTION RECORDS

Tank Monitor #:							
Year	Month	UST #	UST #	UST #	UST #	UST #	UST #
<u>2021</u>	January	<u>P</u>					
	February	<u>P</u>					
	March	<u>P</u>					
	April	<u>P</u>					
	May	<u>P</u>					
	June	<u>P</u>					
	July	<u>P</u>					
	August	<u>P</u>					
<u>2021</u>	September	<u>P</u>					
<u>2020</u>	October	<u>P</u>					
<u>1</u>	November	<u>P</u>					
<u>2020</u>	December	<u>P</u>					
<b>Components:</b>		Tank / Pipe /	Tank / Pipe /	Tank / Pipe /	Tank / Pipe /	Tank / Pipe /	Tank / Pipe /
(circle)		Secondary / Spill	Secondary / Spill	Secondary / Spill	Secondary / Spill	Secondary / Spill	Secondary / Spill

\* For Tank Monitor #, note the # assigned for the tank, line or sensor in the tank monitor setup P = Pass F = Fail M = Missing I = Invalid

Type of Records Reviewed: \_\_\_\_\_

Other Notes: \_\_\_\_\_

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Were any areas of concern identified? Yes, UST Inspection Notice No. \_\_\_\_\_ or No (circle)

Inspector's Signature: [Signature] Date: 9/14/21